Independent Citizens Redistricting Commission
Application Review and Quality Control Sheet

Applicant Name: _Holly S Newman_

Date Received: _2/8/13_   **Applicant Number:** _10128_

Recommended Applicant Pool Status:

☑Included   ☐Removed

Final Applicant Pool Status:

☑Included   ☐Removed

REQUIREMENTS:

1. **Was the application received before the submission deadline?**   ☑Yes ☐No

   If NO, list time/date application was received: _____

2. **Is the application complete?**   ☑Yes ☐No

   If NO, list the item(s) that need to be completed:

3. **Indicate how the applicant responded to the following questions:**

   A. **Student enrolled in a college/university in the City of Austin?**   ☐Yes ☑No
   If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:

      i.   **Reside in the City of Austin?**   ☑Yes ☐No

      ii. **Registered to vote in the City of Austin?**   ☑Yes ☐No

      iii. **Continuously registered to vote in the City of Austin?**   ☑Yes ☐No

      iv. **Voted in 3 of the last 5 City of Austin general elections?**   ☑Yes ☐No

   ❖ **Follow-up needed related to REQUIREMENTS?**   ☐Yes ☑No
   If YES, identify issue(s) addressed and disposition:

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CONFLICTS OF INTEREST:

4. **Did the applicant respond "Yes" to any conflict of interest questions?**   ☐ Yes ☒ No

   If YES, indicate which question(s):

❖ **Follow-up needed related to CONFLICTS OF INTEREST?**   ☐ Yes ☒ No

   If YES, identify issue(s) addressed and disposition:

CONSISTENCY:

5. **Are applicant answers consistent?**   ☒ Yes ☐ No

   If NO, indicate which answer(s):

❖ **Follow-up needed related to CONSISTENCY?**   ☐ Yes ☐ No

   If YES, identify issue(s) addressed and disposition:

Application Reviewed By: ___BC___	*Review Date:* __2/13/13__
Quality Control Review By: ___[signature]___	*QC Review Date:* __2/25/13__
Follow-up Contact(s) Reviewed By: ___N/A___	*Date:* _____